## Multifamily Unit Inspection

## U. Department of Housing and Urban Development Office of Housing

4350.5 CHG-1 APPENDIX 1

						•					
Project Name & Andress									. 121	o,ect Nun	nper
										of Units	
Owner Name & Address:						10-1	at marta		i		
						Heside	nt manager				
						Management agent:					
Inspector:						Unit No	:	····	Das	e of Inspe	ction:
						l					
Type of unit inspection:  FHA unit inspection		Sec	tion 8 I	HQS Un	it Inspection	Mov	re-in	Mov	/e-out		Other
Condition codes:											
G-Good A-Acceptable	Cond		S ECUO	u tenu	mediate action re		ana as Banuis	ad Carrantina			
<del> </del>	G	A	R	1	Description of I (Include Target	Completion [	Date)	ed Collection	s larg	et Comp	eletion Date
Entire unit  Smoke detectors Doors and lock Windows/screens Heating/ac Ventilation/air quality Access to fire escape Free of vermin/rodents Living room Walls/int.door Ceiling Floors Elec.fixtures/outlets Other Hazards?ning area Walls/int. doors Ceiling Floors Elec. Fixtures/outlets Other	Yes					Add thata		· .			
Hazards? Bathroom Walls/int. doors Ceiling Floors Elec.fixtures/outlets Working toilet Lavatory (h/c water) Tub/shower (h/c water) Other Hazards? Kitchen Walls/int. doors Ceiling	Yes		20								
Floors Elec.fixtures/outlets Stove Refrigerator											

4350.5 CHG-1 Project Name & Address.	APPE	XI CTP	1_			<u></u> -	. <del></del>	
Project Name & Address.					•		Unit No.	Date of Inspection
							i	
	Cond	fition A	R		Description of Noted Conditions of	Requ	ired Corrections	Target completion date
			<del></del> -		(Include Target Completion Date)		·	
Sink								
Disposal/Trash Containe	, $\Box$	H	П	$\sqcap$				
Cabinets								
Countertops								
Other								
Hazards?			_					
Bedroom #( )								
Walls/int. doors		Ш	Щ					
Ceiling		Н	$\vdash$	$\sqcup$				
Floors	$\vdash$	$\square$	H	$\vdash$				
Elec.fixtures/outlets	$\vdash$							
Other	با	H	Ų	H		•	ing seems so 📳	
Hazards? Room ID:*	Yes	Щ	No	<u>Ц</u>				
Walls/int. doors								
Ceiling	H	H	H	H				
Floors	П	П						
Elect. fixtures/outlets								
Other								
Hazards?	Yes		No					
Room ID:								
Walls/int. doors								
Ceiling	Ц							
Floors	Ц							
Elect. fixtures/outlets								
Other		Ш	$\Box$	Ш				
Hazards?	Yes	<u> </u>	No	<u> </u>				
Room ID:*								
Walis/int. doors Ceiling	H	H	H	H				
Floors	H	H	H	H				
Elec. fixtures/outlets	H	H	H	H				
Other	H	H	H	H				
Hazards?	Yes	H	] No	H				
Room ID:							<del></del>	
Walls/int. doors								
Ceiling								
Floors								
Elec.fixtures/outlets								
Other								
Hazards?	Yes	Ш	No					
*Identify area by name o: bedroo	m numb	er (e.ç	)., den,	hallwa	y, bedroom #2,etc.)			
Comments								
Comments: (Tenant Maintenan	ce; Ten	ant; O	ther)					
pector's Signature & Date						•	· · · · · · · · · · · · · · · · · · ·	
x								

roject Name & Address:			Project Number:					
			No. of Units:					
wner Name & Address:			Resident manager:					
			Management agent:					
spector:		Date of Inspec		otion: Number of units with tenant maintenance problem				
ype of unit inspection:  FHA unit inspection  Section 8 HQS Unit Inspection	Units Requiring	Action:	No. of Units	Target Completion Date	Date Completed			
Move-in Move-out Other	Units Requiring Immediate	Action:		7				
Comments:								
The second secon								
print a resident section of the second section of the								